

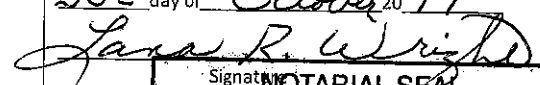
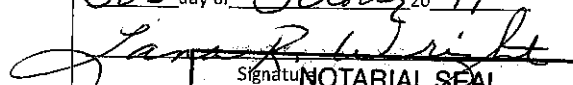


Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	S2-0618045	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Tom "TC" Carney							
Street Address	4213 DOMINION DR.							
City	ERIE	State	PA	Zip Code	16510			
Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report			
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		8/25/17	10/23/17					
A. Amount Brought Forward From Last Report		\$	1,756.81					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	1,875.00					
C. Total Funds Available (Sum of Lines A and B)		\$	3631.81					
D. Total Expenditures (From Schedule III)		\$	1402.71					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	2,229.10					
F. Value of In-Kind Contributions Received (From Schedule II)		\$						
G. Unpaid Debts and Obligations (From Schedule IV)		\$	2,000.00					
Affidavit Section								
Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.								
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.								
Sworn to and subscribed before me this								
30 th day of October 20 17								
								
Signature of Person Submitting report BARBARA WITKOWICZ								
Printed Name 459-7335								
Area Code 814								
Daytime Telephone Number 451-8989								
Part II- If this is a report of a Candidate's Authorized Committee , candidate shall sign here.								
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.								
Sworn to and subscribed before me this								
30 th day of October 20 17								
								
Signature of Candidate THOMAS CARNEY								
Printed Name 572-8404								
Area Code 814								
Daytime Telephone Number								

2017 OCT 30 PM 2:42
ERIE COUNTY
VOTER REGISTRATION

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">82 0618045</div>	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 200.00
All Other Contributions (Part B)	\$ 650.00
Total for the reporting period (2)	\$ 1,010.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$ 2,860.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 2,860.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number BA 0618045									
Full Name of Contributor STEAMFITTERS LOCAL 449 PAC FUND					Date [MM/DD/YYYY] 10/24/17		S		500.00
House #	Street Address				Date [MM/DD/YYYY]		S		
1517	WOODRUFF ST								
City	State		Zip Code		Date [MM/DD/YYYY]		S		
PITTSBURGH	PA		15220-5317						
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor PLUMBERS LOCAL 27 MARTIN OTOOLE					Date [MM/DD/YYYY] 10/25/17		S		500.00
House #	Street Address				Date [MM/DD/YYYY]		S		
1040	MONTGOMERY WEST								
City	State		Zip Code		Date [MM/DD/YYYY]		S		
CORAOPOLIS	PA		15108						
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor					Date [MM/DD/YYYY]		S		125.00
House #	Street Address				Date [MM/DD/YYYY]		S		
City	State		Zip Code		Date [MM/DD/YYYY]		S		
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor					Date [MM/DD/YYYY]		S		
House #	Street Address				Date [MM/DD/YYYY]		S		
City	State		Zip Code		Date [MM/DD/YYYY]		S		
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business									

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

82-0619045

Full Name of Contributor		Committee to elect John Loomis		Date [MM/DD/YYYY]	8/13/17	\$	\$50.00
House #	5706	Street Address	Jones Lane	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Committee to elect Cael Anderson		Date [MM/DD/YYYY]		\$	50.00
House #	3830	Street Address	Parade Blvd	Date [MM/DD/YYYY]		\$	
City	ERIE	State	Pa	Zip Code	16504	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Peter Walzack		Date [MM/DD/YYYY]		\$	125.00
House #	1048	Street Address	W- 12th St	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16501	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number	82 0018045
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Full Name of Contributor	LOCAL 66 PAC CLUB				Date [MM/DD/YYYY]	S	200.00
House #	111	Street Address	Zeta Dr.		Date [MM/DD/YYYY]	S	
City	Pittsburgh	State	PA	Zip Code	15238-2811	Date [MM/DD/YYYY]	S
Full Name of Contributor	DONALD WRIGHT JR				Date [MM/DD/YYYY]	S	200.00
House #	1324	Street Address	South Shore DR.		Date [MM/DD/YYYY]	S	
City	ERIE	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	S
Full Name of Contributor	AARON E. SUSMAPSKI				Date [MM/DD/YYYY]	S	100.00
House #	4036	Street Address	West Lake Rd		Date [MM/DD/YYYY]	S	
City	ERIE	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	S
Full Name of Contributor					Date [MM/DD/YYYY]	S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributor					Date [MM/DD/YYYY]	S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code		Date [MM/DD/YYYY]	S
Full Name of Contributor					Date [MM/DD/YYYY]	S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code		Date [MM/DD/YYYY]	S

SCHEDULE III
Statement of Expenditures

Filer Identification Number	92-0618045
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To Whom Paid	Desantis Signs				Date [MM/DD/YYYY]	8/20/17	\$	525.34
House #	540	Street Address	West 18 th St		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502			
To Whom Paid	Pony Express				Date [MM/DD/YYYY]	10/10/17	\$	27.51
House #	1102	Street Address	West 8 th		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16505			
To Whom Paid	Desantis Signs				Date [MM/DD/YYYY]	10/4/17	\$	100.70
House #	540	Street Address	W. 18 th St		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502			
To Whom Paid	Desantis Signs				Date [MM/DD/YYYY]	10/20/17	\$	749.16
House #	540	Street Address	W. 18 th St		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502			
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	
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Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]		S	
Receipt Description										

Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]		S	
Receipt Description										

Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]		S	
Receipt Description										

Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]		S	
Receipt Description										

Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]		S	
Receipt Description										

Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]		S	
Receipt Description										

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Elder Identification Number	
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Full Name of Contributor					Date (MM/DD/YYYY)	S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Description of Contribution						

Full Name of Contributor					Date (MM/DD/YYYY)	S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Description of Contribution						

Full Name of Contributor					Date (MM/DD/YYYY)	S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Description of Contribution						

Full Name of Contributor					Date (MM/DD/YYYY)	S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Description of Contribution						

Full Name of Contributor					Date (MM/DD/YYYY)	S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Description of Contribution						

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number	
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To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

1.0/

File Identification Number	
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Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S	
City	State	Zip Code			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S	
City	State	Zip Code			
Description of Debt					